



This agreement does not constitute a certification under Title 29 Code of Federal Regulations (CFR) Part 5 for the employment of the apprentice on Federally financed or assisted construction projects. Current certifications must be obtained from the Office of Apprenticeship (OA) or the recognized State Apprenticeship Agency.

The program sponsor and apprentice agree to the terms of the Apprenticeship Standards incorporated as part of this agreement and in accordance with Title 29 CFR Parts 29 and 30. The sponsor's Apprenticeship Standards are attached and hereby incorporated into this agreement as they exist on the date of the agreement. These Standards may be amended during the period of this agreement with the consent of the parties to the agreement. This agreement may be terminated by either of the parties, citing cause(s), with notification to the registration agency, in compliance with Title 29 CFR Part 29.

PART A: TO BE COMPLETED BY APPRENTICE. NOTE TO SPONSOR: PART A SHOULD ONLY BE FILLED OUT BY APPRENTICE.

<p>1. Name (Last, First, Middle): Address(No., Street, City, State, Zip Code): Social Security Number: Telephone Number):</p>		<p>Answer Both A and B (Voluntary) (Definitions on reverse)</p> <p>4. a. Ethnic Group (Mark one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino</p> <p>b. Race (Mark one or more) <input type="checkbox"/> American Indian or Alaska native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White</p>		<p>5. Veteran Status (Mark one) <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran</p>	
<p>2. Date of Birth (Mo., Day, Yr.)</p>		<p>3. Sex (Mark one) <input type="checkbox"/> Male <input type="checkbox"/> Female</p>		<p>6. Education Level (Mark one) <input type="checkbox"/> Less than 9th grade <input type="checkbox"/> 9th to 12th grade, no diploma <input type="checkbox"/> High School graduate or GED <input type="checkbox"/> Some College or Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate or Prof. degree</p>	
<p>Apprentice Employer: Employer Address: Employer Phone Number: Apprentice Supervisor: Apprentice Email:</p>		<p>7a. Employment Status (Mark one) <input type="checkbox"/> New Employee <input type="checkbox"/> Existing Employee</p> <p>7b. Career Connection (Mark one) (Instructions on reverse) <input type="checkbox"/> None <input type="checkbox"/> Pre-Apprenticeship <input type="checkbox"/> Technical Training School <input type="checkbox"/> Military Veterans <input type="checkbox"/> Job Corps <input type="checkbox"/> YouthBuild <input type="checkbox"/> HUD/STEP-UP <input type="checkbox"/> Career Center Referral <input type="checkbox"/> School-to-Registered Apprenticeship</p>			
<p>8. Signature of Apprentice _____ Date _____</p>			<p>9. Signature of Parent/Guardian (if minor) _____ Date _____</p>		

PART B: SPONSOR: EXCEPT FOR ITEMS 6, 7, 8, 10a. - 10c, REMAINDER OF ITEMS REPOPULATED FROM PROGRAM REGISTRATION.

<p>1. Sponsor Program No. 2017-MI-798 - Sponsor Name and Address (No. Street, City, County, State, Zip Code): *Wolverine Power Supply Cooperative, Inc. & IBEW Local 876* Joint Michigan Apprentice Program 10125 W. Watergate Rd. Cadillac, MI 49601</p>		<p>2a Occupation (The work processes listed in the standards are part of this agreement). Utility Lineman</p>		<p>2b Occupation Code: 0281 2b.1. Interim Credentials Only applicable to Part B, 3.b. and 3.c. (Mark one) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																							
<p>Did the apprentice complete a DOE accredited pre-apprentice or have prior experience to JMAP? (Please Circle): YES or NO If yes, please answer the following: 1) Pre-Apprenticeship Program Name: 2) Address: 3) DOE Accreditation certificate attached?</p> <p><i>If requesting training credit (transferring hours or class year advancement) for an apprentice, the advanced placement packet (page 3) will need to be completed for the JATC to review.</i></p>		<p>3. Occupation Training Approach (Mark one) 3a. <input checked="" type="checkbox"/> Time-Based 3b. <input type="checkbox"/> Competency-Based 3c. <input type="checkbox"/> Hybrid</p>		<p>4. Term (Hrs., Mos., Yrs.) 7000 Hours</p>																							
<p>9a. Related Instruction (Number of Hours Per Year) Appendix A</p>		<p>9b. Apprentice Wages for Related Instruction <input type="checkbox"/> Will Be Paid <input type="checkbox"/> Will Not Be Paid</p>		<p>5. Probationary Period (Hrs., Mos., Yrs.) 1750 Hours</p>																							
<p>10. Wages: (Instructions on reverse) <i>Employer to attach apprentice wage progression schedule</i></p>		<p>6. Credit for Previous Experience (Hrs., Mos., Yrs.)?</p>		<p>7. Term Remaining (Hrs., Mos., Yrs.)</p>																							
<p>10a. Prior Hourly Wage \$</p>		<p>10b. Apprentice's Entry Hourly Wage \$</p>		<p>10c. Journeyworker's Hourly Wage \$</p>																							
<p>10d. Term <input type="checkbox"/> Hrs., <input type="checkbox"/> Mos., or <input type="checkbox"/> Yrs.</p>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Period</th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> <th>6</th> <th>7</th> <th>8</th> <th>9</th> <th>10</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>		Period	1	2	3	4	5	6	7	8	9	10												<p>8. Date Apprenticeship Begins</p>	
Period	1	2	3	4	5	6	7	8	9	10																	
<p>10e. Wage Rate (Mark one) % <input type="checkbox"/> or \$ <input type="checkbox"/></p>		<p>9c. Related Training Instruction Source Northwest Lineman College</p>		<p>11. Signature of Sponsor's Representative(s) _____ Date Signed _____</p>																							
<p>12. Signature of Sponsor's Representative(s) _____ Date Signed _____</p>		<p>13. Name and Address of Sponsor Designee to Receive Complaints Kasey Wiltzer Direct: 231.779-3393 JMAP Administrative Coordinator Office: 231.775.5700 Wolverine Power Cooperative Mobile: 231.878.4099 k wiltzer@wp sci.com 10125 W. Watergate Road Cadillac, MI 49601</p>																									

PART C: TO BE COMPLETED BY REGISTRATION AGENCY

<p>1. Registration Agency and Address</p>	<p>2. Signature (Registration Agency)</p>	<p>3. Date Registered</p>
<p>4. Apprentice Identification Number (Definition on reverse):</p>		